



IDAHO SOIL CONSERVATION COMMISSION

RESOURCE CONSERVATION & RANGELAND DEVELOPMENT PROGRAM

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Conservation District Priority Ranking Worksheet

Conservation District: _____ Date Application Received: _____

Applicant Name: _____

Priority Rating: ☐ High: Addresses all priorities ☐ Medium: Addresses some priorities ☐ Low: Addresses few priorities

Technical Assistance provided by: _____ Phone Number: _____

Board Review Date: _____ Date Submitted to the Commission for Review: _____

Our District Board of Supervisors has reviewed the applicant's project and have determined that the project and its expected conservation benefits ☐ are / ☐ are not consistent with the District's established conservation priorities.

Completed by: _____ Title: _____ Date: _____